

Document Modification Request

Print or Type all information (except signatures). Process procedures in accordance with 1-A01-PROC DEV-400, Procedure Process.

25. DMR No.

46-DMR-ERM-0042

1. Name/Phone/Pager/Location

EM MAST K5757 BT893A

2. Date

8-16-96

3. Existing Document Number and Revision

4-564-ER-OPS-GT.39

4. Document Type: ☒ Procedure ☐ Plan

☐ Other

5. Document Title

Push Subsurface Soil Sample

6. Item

7. Page

8. Step

9. Proposed Modification

Control of the ~~Proposed~~ Procedure
Add 8/16/96

10. Item

10a. Justification (reason for modification, EJO #, TP #, etc.)

To control work being performed using the geo probe system

Originator's Signature

A. L. Primrose

(print/sign/date)

John S. Van for A. Primrose 8/21/96

11. ☒ Process

☐ Do not Process (state reason in Block 10a)

12. ☒ Process (Complete Blocks 13-22)

(print/sign/date)

☐ Do not Process (state reason in Block 10a)

13. New Document/ Rev. No. (if new or changed)

Complete either Section 14a. or 14b., as applicable. For procedures, attach completed Procedure Modification Worksheet from 1-A01-PROC DEV-400.

14a. Type of Complete Modification

☐ New ☒ Revision
☐ One-Time-Use ☐ Cancellation

14b. Changes: (check all that apply.)

☐ Intent Change ☐ Nonintent Change
☐ Editorial Correction ☒ Regular
☐ Interim Approval Requested - Needed for Immediate Use
(14-day limit for obtaining final approval)

Additional Attributes:

☐ Temporary
☐ One-Time-Use
☐ Limited Distribution

15. ERM Change Control Board Required: ☐ Yes ☐ No (Applicable only to new procedures, revisions, and intent changes.)

List the reviewing disciplines in Block 16. After concurrence has been obtained (in accordance with 1-A01-PROC DEV-400), enter the name of the reviewer followed by /s/ in block 17. If the reviewer indicates No comments, the review signature constitutes concurrence. Enter the date concurrence is obtained in Block 18.

16. Organization	17. Reviewer/Concurre	18. Date	16a. Organization	17a. Reviewer/Concurre	18a. Date
PER	[Signature]	8/16/96			
EM CP	[Signature]	8/21/96			
EM SP	[Signature]	8/16/96			

19. Assigned SME/Phone/Pager/Location

Tim Coyseth

20. Cost Center

21. Charge Number

22. Requested Completion Date

23. Independent Safety Review Meeting and Date

24. After obtaining all required signatures: Responsible Manager's Approval (print/sign/date) (Not required for New procedures or Revisions)

27. Effective Date

28. Expiration Date (if applicable)